INFORMATION, COLLECTION, USE & RELEASE CONSENT
CHILD HEALTH & DEVELOPMENT SCREENING

Child's Name:	Birth Date:
Parent/Guardian Name:	Child's MARSS ID or Record No. (For Office Use)

Northwest Community Action Head Start/Early Head start (this organization) uses information from the Child Health and Development Screening to identify any possible problems that might interfere with your child's health, growth, development or learning. Under Minnesota law screening results are classified as private data. The results cannot be released or discussed with anyone without your consent. If you refuse to release this information, it will not affect your child's eligibility for medical assistance or any other health, education, or social service program.

Information may be used for the following purposes:

1. To obtain follow-up services for your child after the screening.
2. To arrange for further evaluation or assessment of your child's health, growth, development, or learning.
3. To fulfill the requirements for your child's entrance into public school.
4. To evaluate screening programs by the Minnesota Department of Health, Minnesota Department of Education, and/or the Department of Human Services. Your Child's name will not be identified in any evaluation results.

Your signature indicates that you *have* read, understand, and agree that the information can be used as stated above.

CONSENT TO RELEASE INFORMATION

I hereby authorize release of my child's screening information to the following checked programs or services for the purpose of evaluation assessment, diagnosis, follow-up, and/or programming. (Please provide names and addresses where available.)

Check (X) any persons/agencies that you wish to receive screening information about your child.

	Child Care Provider
	Dentist (Name)
	Early Childhood Family Education (ECFE)
	Early Childhood Special Education
	Follow Along Program
X	Northwest Head Start/Early Head Start
	Health Care Provider (Medicare Clinic)
	Interagency Early Intervention Committee (IEIC)
	Mental Health Agency
	Public Health Agency/WIC
	School District (Name)
	School Readiness
	Other (regionally specific programs)

□ Understand Information   □ Authorize release of information

Parent/Guardian Signature   Date   Relationship to child

Revised 3/26/2020